

Date Deposited January 18, 2001

APPROVED
101
PTO DEPOSIT ACCOUNT CHARGE
ACCOUNT # 04-1700

Approved for use through 12/31/2008 OMB 0651-01
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Docket Number (optional)
8403.186

My residence and mailing address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following assignee: Southpac Trust International, Inc.

Authorized Signatory for Southpac Trust International, Inc., not as an individual, but as Trustee of the Family Trust U/T/A dated December 8, 1995.

Name of Patentee(s): Donald E. Weder

Patent Number 5,861,199

Date of Patent Issued 01/19/1999

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled Optical Effect Material and Methods

☒ is attached hereto.

☐ was filed on _____ as reissue application number ____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.


At least one error upon which reissue is based is described as follows:

The patent is partly inoperative or invalid as it incorporates and references back further than is required.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE				Docket Number (Optional) 8403.186																																					
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name(s)</td> <td style="width: 50%;">Registration Number</td> </tr> <tr> <td>Charles A. Coddling</td> <td>25,099</td> </tr> <tr> <td>Glen M. Burdick</td> <td>24,230</td> </tr> <tr> <td>Douglas J. Sorocco</td> <td>43,145</td> </tr> </table>						Name(s)	Registration Number	Charles A. Coddling	25,099	Glen M. Burdick	24,230	Douglas J. Sorocco	43,145																												
Name(s)	Registration Number																																								
Charles A. Coddling	25,099																																								
Glen M. Burdick	24,230																																								
Douglas J. Sorocco	43,145																																								
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Customer Number <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 10px;"></div> <div style="margin-left: 10px;">→</div> <div style="border: 1px solid black; padding: 5px; margin-left: 10px;"> Place Customer Number Bar Code Label Here </div> </div> <p style="text-align: center; margin-top: 5px;">Type Customer Number Here</p> <p style="text-align: center;">OR</p> <table style="width: 100%;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/> Firm or Individual Name</td> <td colspan="5">Dunlap, Coddling & Rogers, P.C.</td> </tr> <tr> <td>Address</td> <td colspan="5">9400 North Broadway, Suite 420</td> </tr> <tr> <td>Address</td> <td colspan="5"></td> </tr> <tr> <td>City</td> <td>Oklahoma City</td> <td>State</td> <td>OK</td> <td>Zip</td> <td>73114</td> </tr> <tr> <td>Country</td> <td colspan="5">USA</td> </tr> <tr> <td>Telephone</td> <td>(405) 478-5344</td> <td>Fax</td> <td colspan="3">(405) 478-5349</td> </tr> </table>						<input checked="" type="checkbox"/> Firm or Individual Name	Dunlap, Coddling & Rogers, P.C.					Address	9400 North Broadway, Suite 420					Address						City	Oklahoma City	State	OK	Zip	73114	Country	USA					Telephone	(405) 478-5344	Fax	(405) 478-5349		
<input checked="" type="checkbox"/> Firm or Individual Name	Dunlap, Coddling & Rogers, P.C.																																								
Address	9400 North Broadway, Suite 420																																								
Address																																									
City	Oklahoma City	State	OK	Zip	73114																																				
Country	USA																																								
Telephone	(405) 478-5344	Fax	(405) 478-5349																																						
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>																																									
<p>Full name of person signing (given name, family name) Charles A. Coddling</p>																																									
<p>Signature </p>				<p>Date 1-18-01</p>																																					
<p>Address of Assignee Dunlap, Coddling & Rogers, P.C., 9400 North Broadway, Suite 420, Oklahoma City, Oklahoma 73114</p>																																									
<p>Patentee Donald E. Weder</p>				<p>Citizenship USA</p>																																					
<p>Residence/Mailing Address 1111 Sixth Street, Highland, Illinois 62249</p>																																									
<p>Patentee</p>				<p>Citizenship</p>																																					
<p>Residence/Mailing Address</p>																																									
<p><input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.</p>																																									